

Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 01/2016)

External # **01597038** Crash ID **1597038**

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File Class **9300-1**

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI MI8121800		Department Name ANN ARBOR POLICE DEPARTMENT				Incident # 250045288	
Crash Date 09/06/2025		Crash Time 07:21	No. of Units 02	Crash Type Single Motor Vehicle		Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile	
County 81 - Washtenaw		Traffic Control Signal		Relation to Roadway On Road		Weather Clear	
City/Twsp 89 - Ann Arbor		Contributing Circumstances 1st Other		Light Daylight		Road Surface Condition Dry	
Work Zone (if applicable) Type		Workers Present		Activity		Location	

LOCATION	Prefix N	Primary Road Name MAIN	Road Type ST	Suffix	Divided Roadway
	Distance / Direction AT				
	Trafficway 01-Not physically divided				
Prefix E	Intersecting Road Name KINGSLEY	Road Type ST	Suffix	Divided Roadway	

UNIT/DRIVER	Unit Number 01	Unit Known Yes	State MD	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED] (20)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Race A	Total Occupants 01	Hazardous Action Failed to yield	
	Unit Type M	Driver Information [REDACTED]				Driver is Owner No	Injury O	Position Front-Left	Restraint Shoulder and lap belt			
	Driver Condition at Time of Crash 1st Appeared Normal				Driver Distracted By Not Distracted		Ejected No	Trapped No	Airbag Deployed Not Deployed			
	Hospital NONE					Ambulance NONE						
	Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device No				
	Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input checked="" type="radio"/> Hazardous 25AA02054 <input type="radio"/> Other				
	Vehicle Registration [REDACTED]	State MD	Vehicle Description 2024	Year 2024	Make VOLKSWAGON	Model GTI	Color WHITE					
	VIN [REDACTED]	Vehicle Type Passenger Car, SUV, Van		Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect						

Automation System(s) in Vehicle 0-No	Automation System Level in Vehicle 00-No Automation	Automation System Level Engaged at Time of Crash 00-No Automation	
Insurance Company GEICO	Insurance Policy # [REDACTED]	Towed By	Towed To
Location of Greatest Damage 01	First Impact 01	Extent of Damage (Power Unit and/or Trailers) No Damage	Vehicle Direction S
Vehicle Use Private		Action Prior Turning left	
Sequence of Events First * 15-Pedestrian (* indicates MOST harmful event)			

PASSENGERS	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	
	Injury		Ejected	Trapped	Airbag Deployed		
	Hospital						
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	
	Injury		Ejected	Trapped	Airbag Deployed		
	Hospital						
	Passenger Information		Date of Birth (Age)	Sex	Position	Restraint	
	Injury		Ejected	Trapped	Airbag Deployed		
	Hospital						

TRUCK/BUS	Carrier Information		USDOT	MC	MPSC	
	Driver's CDL Type		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other		
	GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	ID #
	Class #					

OWNERS	Owner Information [REDACTED]		Owner Information [REDACTED]			
	Public		Owner & Phone			

Damaged Property		Owner & Phone			
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Unit Number 02	Unit Known Yes	State MI	Driver License Number [REDACTED]	Date of Birth (Age) [REDACTED] (34)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex M	Race W	Total Occupants 00	Hazardous Action None	
Unit Type P	Driver Information [REDACTED]			Driver is Owner	Injury A	Position Pedestrian	Restraint No belts available				
Driver Condition at Time of Crash 1st Appeared Normal 2nd				Driver Distracted By Not Distracted			Ejected No	Trapped No	Airbag Deployed Not Equipped		
Hospital UNIVERSITY OF MICHIGAN HEALTH				Ambulance HURON VALLEY AMBULANCE INC							
Alcohol Suspected No	Contributing Factor No	Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Alcohol Test Results <input type="radio"/> Pending	Test Results:	Interlock Device No				
Drug Suspected No	Contributing Factor No	Drug Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input checked="" type="radio"/> Not Offered			Drug Test Results <input type="radio"/> Pending	Test Results:	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other				
Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color					
VIN	Vehicle Type	Special Vehicles Not Applicable	Private Trailer Type	Vehicle Defect							
Automation System(s) in Vehicle 0-No				Automation System Level in Vehicle 00-No Automation			Automation System Level Engaged at Time of Crash 00-No Automation				
Insurance Company			Insurance Policy #		Towed By		Towed To				
Location of Greatest Damage 11	First Impact 11	Extent of Damage (Power Unit and/or Trailers) No Damage			Vehicle Direction	Vehicle Use	Action Prior Crossing at Intersection				
Sequence of Events First * 17-Motor veh in transport				Second		Third		Fourth			
(* indicates MOST harmful event)											

PASSENGERS	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint
	Injury			Ejected	Trapped	Airbag Deployed	
	Hospital			Ambulance			
	Passenger Information			Date of Birth (Age)	Sex	Position	Restraint
Injury			Ejected	Trapped	Airbag Deployed		
Hospital			Ambulance				
Passenger Information			Date of Birth (Age)	Sex	Position	Restraint	
Injury			Ejected	Trapped	Airbag Deployed		
Hospital			Ambulance				

Carrier Information	USDOT	MC	MPSC
Driver's CDL Type	Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
GVWR/GCWR <input type="radio"/> 10,000 lbs. or Less <input type="radio"/> 10,001 - 26,000 lbs. <input type="radio"/> Greater than 26,000 lbs.	Vehicle Configuration	Cargo Body Type	Medical Card
Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill		ID #	Class #

Owner Information	Owner Information
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Witness Information [REDACTED]	Witness Information [REDACTED]
Age:	Age:

Investigated at Scene Yes	Reported Date (Time) 09/06/2025 (07:21)	1st Investigator Name (Badge) HOAK (129)	2nd Investigator Name (Badge)	Photos
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Narrative

AT APPROXIMATELY 0721 HOURS ON 9/6/2025, UNIT 2 (PEDESTRIAN) WAS CROSSING N MAIN ST AT THE CROSSWALK AT E KINGSLEY ST WHEN THE PEDESTRIAN CROSSWALK LIGHT WAS TELLING HIM TO GO.

UNIT 1 WAS TURNING LEFT FROM BEAKES ST ONTO N MAIN ST AND STRUCK THE PEDESTRIAN IN THE CROSSWALK. THE LIGHT WAS GREEN INDICATING UNIT 1 SHOULD HAVE YIELDED TO PEDESTRIAN/ONCOMING TRAFFIC.

UNIT 1 DRIVER STATED THE VEHICLE HAD FOG ON THE WINSHIELD AND WAS OBSTRUCTING THEIR VIEW OF THE PEDESTRIAN. THE LIGHT WAS GREEN, SO THEY CONTINUED THROUGH THE INTERSECTION. THEY STRUCK THE PEDESTRIAN WITH THE FRONT OF THE CAR.

UNIT 2 (PEDESTRIAN) STATED HE WAS CROSSING IN THE CROSSWALK WHEN THE VEHICLE STRUCK HIM.

WITNESS 1 STATED SHE WAS ABLE TO SEE THE PEDESTRIAN WALK SIGNAL WAS WHITE AT THE TIME OF THE COLLISION. THE PEDESTRIAN WAS STRUCK AND RODE ON THE HOOD FOR A FEW SECONDS BEFORE HITTING THE GROUND. THE PEDESTRIAN HAD HIS HANDS IN HIS POCKETS AND WAS UNABLE TO BRACE HIMSELF.

